
(Assistant Examiner) (Date)

THOR S. CAMPBELL
PRIMARY EXAMINER

(Primary Examiner)

Total Claims Allowed:

O.G.
Print Claim(s)

O.G.
Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61		121		181
	2		32		62		122		182
	3		33		63		123		183
	4		34		64		124		184
	5		35		65		125		185
	6		36		66		126		186
	7		37		67		127		187
	8		38		68		128		188
	9		39		69		129		189
	10		40		70		130		190
	11		41		71		131		191
	12		42		72		132		192
	13		43		73		133		193
	14		44		74		134		194
	15		45		75		135		195
1	16		46		76		136		196
2	17		47		77		137		197
3	18		48		78		138		198
4	19		49		79		139		199
5	20		50		80		140		200
6	21		51		81		141		201
7	22		52		82		142		202
8	23		53		83		143		203
9	24		54		84		144		204
10	25		55		85		145		205
11	26		56		86		146		206
12	27		57		87		147		207
	28		58		88		148		208
	29		59		89		149		209
	30		60		90		150		210